											Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000											09	8	23,6	78	
CLAIMS AS FILED - PART I (Column 1) (Column 2)										SMALL (ENTITY	OR	7	THAN	
TOTAL CLAIMS					96					RATE	FEE	7	RATE	FEE	
F	OR			NUMBER FILED		NUMBER EXTRA			BASIC FE	355.00	OR		-		
7	OTAL CHARGE	LE Q	AIMS	.9% minus 20=		. 1	16		X\$ 9=	1	ОЯ	X\$18=	252		
INDEPENDENT CLAIMS					(C minus 3 =		. 4			X40=		OR	X80=		
M	ULTIPLE DEPE	NO	ENT C	LAIM F	RESENT					+135=		OR	+270=		
•1	the difference	e in	colur	nn 1 is	less than zero, enter "O" in column 2					TOTAL	1	OR	TOTAL	962	
CLAIMS AS AMENDED - PART II												4	OTHER	THAN	
		(Column 1)			1	Cotur		(Column 3)	١,	SMALL	ENTITY	OR 1	SMALL		
AMENONENTA		,	REMA AFT AMENE	ER		PREVIO PAID	YJSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	Ŀ	-	16	Minus	- 9	6	9		X\$ 9=		OR	X\$18=		
E	Independent				Minus •••		10	-		X40=		OR	X80=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+135=		OR	+270=		
4	4-4-05									TOTAL		OR	YOYAL ADDITL FEE		
_	(Column 1) (Column 2) (Column 3)											• .			
AMENDMENT B		ı.	CLAMS REMAINING AFTER AMENDMENT			PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL] [RATE	ADDI- TIONAL	
	Total	Ŀ	90		Minus	94		. —	l	X\$ 9=	FEE	ОЯ	X\$18≃	FEE	
	Independent	· MT	ATTON		Minus	*** IC		•	l	X40=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										+135=		OR	+270=		
											<u>.</u>	OR ,	TOTAL ADDIT, FEE		
_	-	Colum			Y										
ENTC		REMAINING AFTER AMENDMENT				HIGHE MIMBI PREVIOU PAID FI		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
	Total	. (96		Afinus	0	5	-0	h	XS 9=	FEE	22	X\$18=	FEE	
- 1	Independent	$\overline{\cdot}$	10		Minus	***	0	.0	H	X40=		OR	X80=		
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											OR	A6U5		
• #	" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Pald For" IN THIS SPACE is less than 20, enter "20."											OR	+270-		
•••	the Tilghest Nur the Tilghest Nur	nber Mae	r Provio r Provio	usty Pai usty Pe	e for in the is for in th	IS SPACE in 1 IS SPACE in 1	less than less than	20, enter "20."		TOTAL DIT. FEE			TOTAL COIT. FEE		
	he Tighest Muni	ber (Proviou	sty Paid	For (Total o	r Independen	d) is the I	highest number	toure	in the app	ropriate box	in colu	mn 1.		

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